

**Work Order ID 62497**

September 30, 2010 3:03:52 PM



Page 1

Item ID: D3636-041

Accept



Setup

Start



Revision ID:

Item Name: Shoulder Harness

Stop



Start Date: 9/30/10 Start Qty: 6.00



Cust Item ID:

Required Date: 10/22/10 Req'd Qty: 6.00



Customer:

Reference:

Approvals: Process Plan: CLDate: 10/9/30

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run

Start



QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr	
D3636	Rev B	

100



PURCHASING

Purchasing

Memo

Purchasing

Issue P/O: 12669

Purchase Part Number: P/N 3104-1-061-2396

AMSAFE INC., PHOENIX, ARIZONA

Certificate of conformity is required

Supplier:

CL 10/9/30 (6)

110



Receive &amp; Inspect for Damage &amp; Mat'l Certs

Packaging

Packaging

Memo

Packaging

Ensure certificate of conformity is attached

10/14/22 (6)

120



QC6- Inspect dimensions to drawing

QC

Quality Control

Memo

0.00

0.00

8/10/14/76(+6)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

**Work Order ID 62497**

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September 30, 2010 3:03:52 PM

Item ID: D3636-041

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Setup Start



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Item Name: Shoulder Harness

Stop



Start Date: 9/30/10 Start Qty: 6.00



Cust Item ID:

Required Date: 10/22/10 Req'd Qty: 6.00



Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start
	QC:	Date:	SPC (Y/N):	Date:	Stop	



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130 Identify as per dwg & Stock Location: 266

0.00

130



Packaging

Packaging

Memo

0.00

10/10/27-8/6/2010

140



QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

10/10/28/10

ME

10-10-27

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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NOTE: Date & initial all entries

# Picklist Print

Page 1

September 30, 2010 3:03:52 PM

Work Order ID: 62497



Parent Item: D3636-041



Parent Item Name: Shoulder Harness

Start Date: 9/30/10

Required Date: 10/22/10

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP Rev:A revA as per dwg 08-01-09 DD verified by LL 08/01/09

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3636-041P		Purchased		No		110	Each	0.0000	1	6			

Shoulder Harness

03104-1-061-2386

10/1/10 (6)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

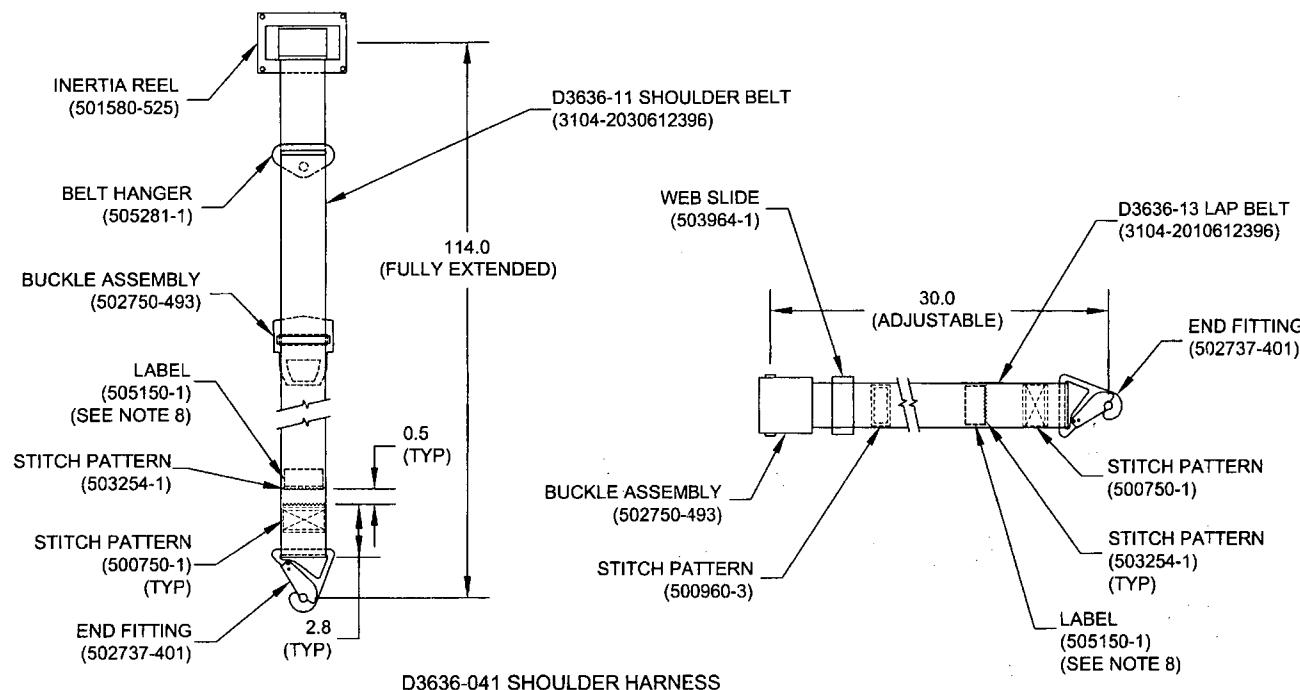
Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

# SPECIFICATION CONTROL DRAWING



NOTES:

- 1) DESCRIPTION: 3-POINT SHOULDER HARNESS WITH LEVER STYLE BUCKLE AND CHROME HARDWARE PLATING  
2" BLACK NYLON WEBBING, STYLE T1200-5 WHICH MEETS REQUIREMENTS OF TSO-C114  
WITH MINIMUM STRENGTH OF 2500 LBS
- 2) PURCHASE INFO: P/N 3104-1-061-2396 (D3636-041)  
AMSAFE INC., PHOENIX, ARIZONA
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.7 lbs
- 8) LABEL TO INCLUDE: DART AEROSPACE P/N D3636-11/13  
(613) 632-3336

CD 1019/30  
W10 162497

RELEASED  
07.11.14

B	NEW HARNESS P/N'S; REFERENCE TSO-C114	LE	07.10.16
A	NEW ISSUE; REPLACES G10801	LE	07.07.27
REV.	DESCRIPTION	BY	DATE
DESIGN	CV	<b>DART AEROSPACE USA, INC</b> PORT HADLOCK, WA	
DRAWN	15		
CHECKED	AB	DRAWING NO.	REV. B
MFG. APPR.	N/A	D3636	SHEET 1 OF 1
APPROVED	MA	TITLE	SCALE
DE APPR.	TH	SHOULDER HARNESS	NTS
DATE	07.10.16	COPYRIGHT © 2007 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS REPRODUCED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO12669**

Purchase Order Date 9/30/10  
PO Print Date 9/30/10

Page Number 1 of 1

**Order From :**

VU-AMS001

AMSAFE INC.  
LOCKBOX #5  
P.O BOX 53075  
PHOENIX, AZ 85072-3075  
US

**Contact Name**

**Vendor Phone** 602 850 2850

**Vendor Fax** 602 850 2812

**Vendor Account Nbr**

**Buyer** Chantal Lavoie

**Requisition Nbr**

**Tax Resale Nbr** 10127-2607

**Terms** Net 30

**Currency** USD

**FOB** Destination-Collect

**Ship To :** DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
C 9/30

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
<b>Vendor Part Number</b>							
1	D3636-041P	Shoulder Harness	10/22/10 Yes	6.00 Each	FedEx PI ppd	\$262.4600	\$1,574.76

**Special Inst:** AS PER DWG D3636 REV. B  
B62497  
AMSAFE P/N: 3104-1-061-2396

**PO Total:** \$1,574.76

**CERTIFICATE OF CONFORMITY**  
**REQ'D UPON DELIVERY**

Change Nbr: 1

Change Date: 9/30/10

*CL*  
*U*

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required when applicable

**AMSAFE****AMSAFE AVIATION**

1043 NORTH 47th AVENUE  
 PHOENIX, AZ 85043  
 PH (602)850-2850 FAX (602)850-2812

**SHIPPER/CERTIFICATION**

000215139

10/20/10

<b>CUSTOMER NO.</b>
10006113

<b>SALES ORDER NO.</b>
S195647

<b>BOL NO.</b>
000215139

<b>PAGE NO.</b>
1

DART AEROSPACE  
 1270 ABERDEEN STREET  
 HAWKESBURY  
 ONTARIO, CANADA K6A 1K7  
 Canada

MAIN FINISHED GOODS LOCATION  
 DART AEROSPACE LTD.  
 1270 ABERDEEN ST  
 HAWKESBURY, ONTARIO K6A 1K7  
 Canada

<b>CUSTOMER ORDER NO.</b>
PO12669

<b>TERMS</b>
NET30

<b>FREIGHT</b>
COLLECT

<b>SHIP VIA</b>
FedEx Intl Priority

<b>F.O.B.</b>
ORIGIN

Sales Order Remarks: 1517-9324-0

Ship to ID: 10006125

Remarks:

SHIPMENT REFERENCE 000215139

LINE	ITEM NUMBER / DESCRIPTION	DRAWING AND CERTIFICATIONS			DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
1	Cust. Item No.: D3636041 3104-1-061-2396 REST SYS ASSY	DRAWING: 3104 REV: F	CERT: TSO-C114 Lot/Serial Numbers S195647-1	Shipped Quantity 6.0	2010-10-22	6	6	0

8/10/10/26

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

**FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853****FAA TSO C22f, C22g, C114 or TSO Plus**

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X Nicole DavisPrinted Name: Nicole DavisDated: Oct 20, 2010**COUNTRY OF ORIGIN USA**

1. Approving National Aviation Authority/Country:  FAA/United States	2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG					3. Form Tracking Number:  S195647-1
4. Organization Name and Address:  AmSafe Aviation 1043 North 47th Avenue Phoenix, Arizona 85043		Cert. No. PT1967NM			5. Work order/Contract/Invoice Number: S195647 - 1 PAGES ATTACHED	
6. Item:  1	7. Description:  REST SYS ASSY	8. Part Number:  3104-1-061-2396	9. Eligibility: *  N/A	10. Quantity:  6	11. Serial/Batch Number:  11010100	12. Status/Work:  NEW

13. Remarks: Drawing: 3104  
Rev: F  
TSO: TSO-C114

S  
10/10/26

#### EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA

14. Certifies the items identified above were manufactured in conformity to:  <input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation <input type="checkbox"/> Non-approved design data specified in Block 13.	19. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 13  Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.		
15. Authorized Signature:  <u>CYNTHIA TIJERINA</u>	16. Approval/Authorization No.:  ODA602112NM	20. Authorized Signature	21. Authorized/Certificate No.
17. Name (typed or printed)  CYNTHIA TIJERINA	18. Date (m/d/y):  10/10/2016	22. Names (typed or printed)	23. Date (m/d/y):

#### User/Installer Responsibilities

It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/components/assemblies from the airworthiness authority of the country specified in Block 1.

Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.